## MCACG- Higher Education Student Persistence Program
## Interim Report (Due September 3, 2014)

| | |
|---|---|
| **Project Title and Grant #:**  *MCACG 14-* | |
| **Submitted By:** | Reporting Period:  March 3, 2014 – September 3, 2014 |

**Please attach additional sheets for your responses.  Address all questions and feel free to add additional information.  The budget form is available at** ***www.mhec.state.md.us/Grants/MdCollAccessChallGrant/MdCollAccessChallGrant.asp***

1. **Evaluation**
    a. Include phase one of the evaluation plan (see RFP on Evaluation Plan for details).

    b. Please describe the major activity outcomes and how the outcomes were measured.  The specific and measurable project objectives and outcomes submitted in the approved application should be re-stated in this section.  This section should state if each project objective was met or not met.  If not, present the actual results and explain why the project objective/intended outcome was not met.  For example, an objective in the application may have been:

        i. <u>Project goal in application</u> (re-state):  To increase the number of at-risk and low income students who persist toward degree completion.
        ii. <u>Projected objective in application</u> (re-state): By the end of December 2012, **50% of at-risk and low income students** have received tutoring at least twice a month.
        iii. <u>Was this objective met?</u>  YES
        iv. <u>Actual Project Outcome:</u>  By the end of December 2013, **60% of at-risk and low income students** have received tutoring at least twice a month.

        (Note: The actual project outcome may or may not differ from the projected project outcome.)

2. **Activity and Participant Information**
    a. Submit summary of participants for each activity and the number of attendees/participants for each**.**  A list of individual participants should support this summary sheet (at the least, include sign-in sheets).

Sample summary of participants' worksheet:

| Type of Activity | Activity Date(s)/frequency | Major Activity Objective(s) | Number of Participants (Identify Participant Type) | Contact Hours |
|---|---|---|---|---|
| | | | | |
| | | | | |

3. **Please provide an overview of how your project is progressing:**
   a. Did the project start on time?  If not, please discuss why.

   b. Has the project recruited the projected number of participants?  If not, please discuss the difference.

   c. Which activity garnered the best response?  Please discuss.

   d. What are the greatest challenges and/or major issues faced by the project?

   **Discuss the factors that made it possible, or not possible, to meet the expectations of the project objectives.**

4. **Do you anticipate any difficulties completing all activities on schedule and according to the proposed budget?**
   If so, please explain any anticipated modifications.  *(Note:  when such difficulties arise, project directors are encouraged to contact MHEC as soon as possible to begin discussing possible ways of addressing the problems encountered.)*

5. **Financial Report**
   Complete a budget summary like the table on the following page and attach a brief budget narrative (if the summary is not fully self-explanatory) describing expenditures made.

| | (A) | (B) | (A) - (B) | Estimated Match Provided to Date | |
|---|---|---|---|---|---|
| | Current Approved Budget | Estimated Grant Expenditures thus Far | Estimated Funds Remaining in Grant | Organization Contributions for Reporting Period | Other Contributions for Reporting Period |
| A.  Salaries & Wages Professional  Personnel [List each by name followed by title in brackets] | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| Other Personnel (list categories & # of each in brackets) | | | | | |
| 5.  [  ] | | | | | |
| 6.  [  ] | | | | | |
|      Total Salaries and Wages | | | | | |
| B.  Fringe Benefits | | | | | |
| C.  Travel | | | | | |
| D.  Equipment | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| E.  Materials and Supplies | | | | | |
| F.  Consultant and Contractual Services | | | | | |
| G. Other (specify) | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| H.  Total Direct Costs (A through G) | | | | | |
| I.  Total Indirect Costs (maximum 8% of Column A, Item H) | | | | | |
| J.  Total (H and I) | | | | | |